

# Leveraging National Health Reform to Reduce Recidivism & Build Recovery

Presented to SAMHSA's ATCC Grantees

**January 23, 2013**

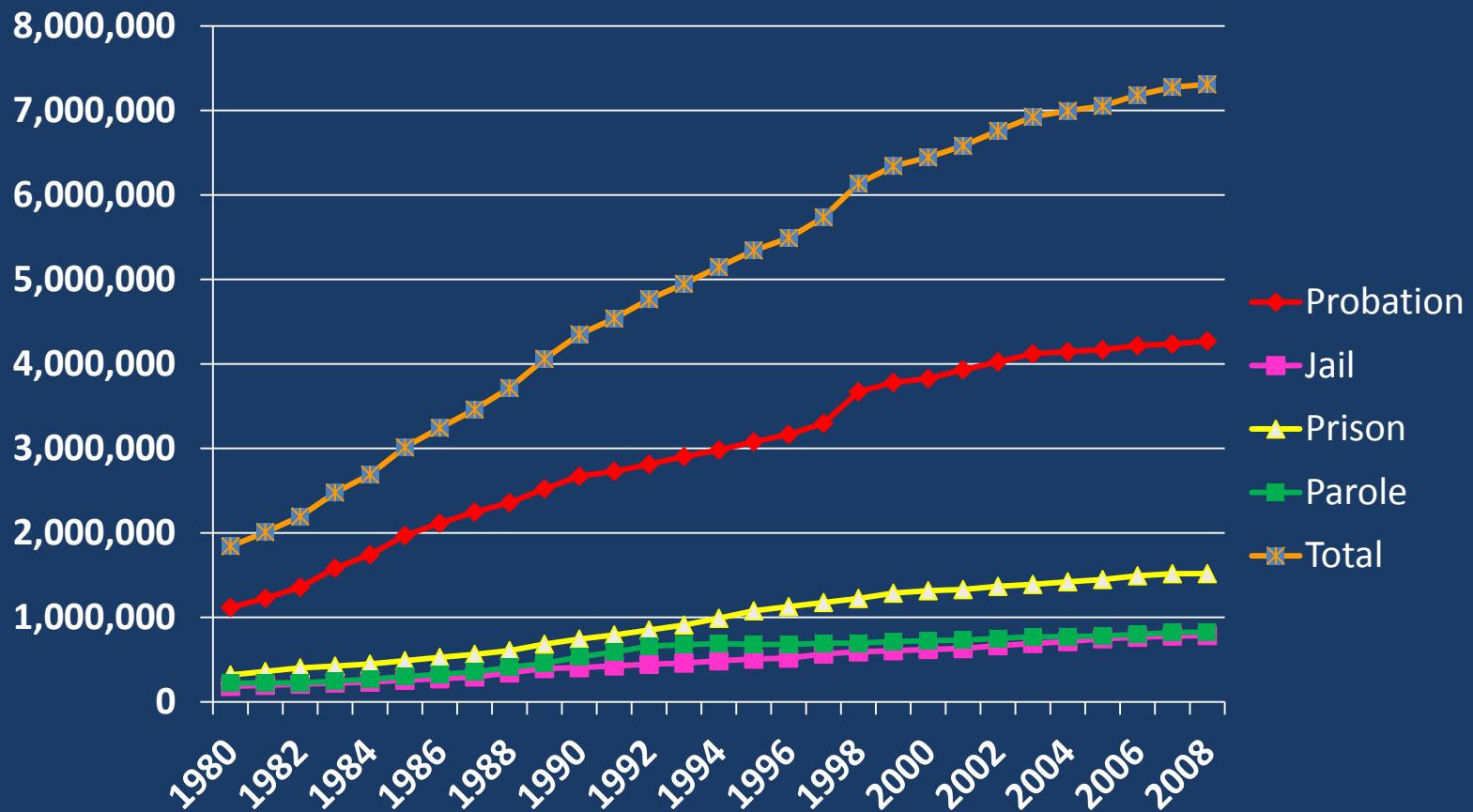
# The TASC Perspective

- Nearly 35 years of research, public policy involvement, and direct service provision
- TASC serves more than 20,000 justice-involved individuals annually with substance use, mental illness, or both
- Designed and managed numerous programs connecting criminal justice with community-based care:
  - Statutory authority / state licensure around clinical case management for drug-involved probation and parole populations
  - Court advocacy and case coordination for specialty courts
  - Design and implementation of Cook County Jail treatment and re-entry program
- TASC participates extensively in national and state planning on health care reform and for people under criminal justice supervision

# Goals for the Webinar

- Brief overview of the current challenges providing substance abuse and mental health services in specialty courts and other criminal justice settings
- Discuss how the Patient Protection and Affordable Care Act (ACA) can allow courts and probation officers to apply evidence-based practices, expand services and reduce future arrests
- Discuss how ACA creates an unprecedented sustainability path for ATCC grantees
- Discussion / Q&A
- Additional resources

# Adults Involved in CJS in the U.S.



Sources: Bureau of Justice Statistics, Correctional Surveys, as reported by the Pew Trust, "One in 31" (2009).

# Incarceration & Community Supervision

- 1 in 100 adults behind bars (2006)
  - Jails = 748,728 (2010)
  - Prisons = 1,617,478 (2009)
- 1 in 45 adults on probation or parole (2007)
  - Probation = 4,203,967 (2009)
  - Parole = 819,308 (2009)
- **Revolving door** of justice involvement
  - 730,000 people admitted and released from prisons each year (2009)
  - Two-thirds (68%) of prisoners rearrested within 3 years of release (1997)
  - Half (52%) of prisoners returned to prison for new crime or violation (1997)

Sources: The Pew Center on the States, 2008; Minton, 2011; West, 2010; The Pew Center on the States, 2009; Glaze & Bonczar, 2010; Langan & Levin, 2002; Beck, 2006; van, 2002; Beck, 2006

# Substance Use Disorders are Nearly Universal in the CJS

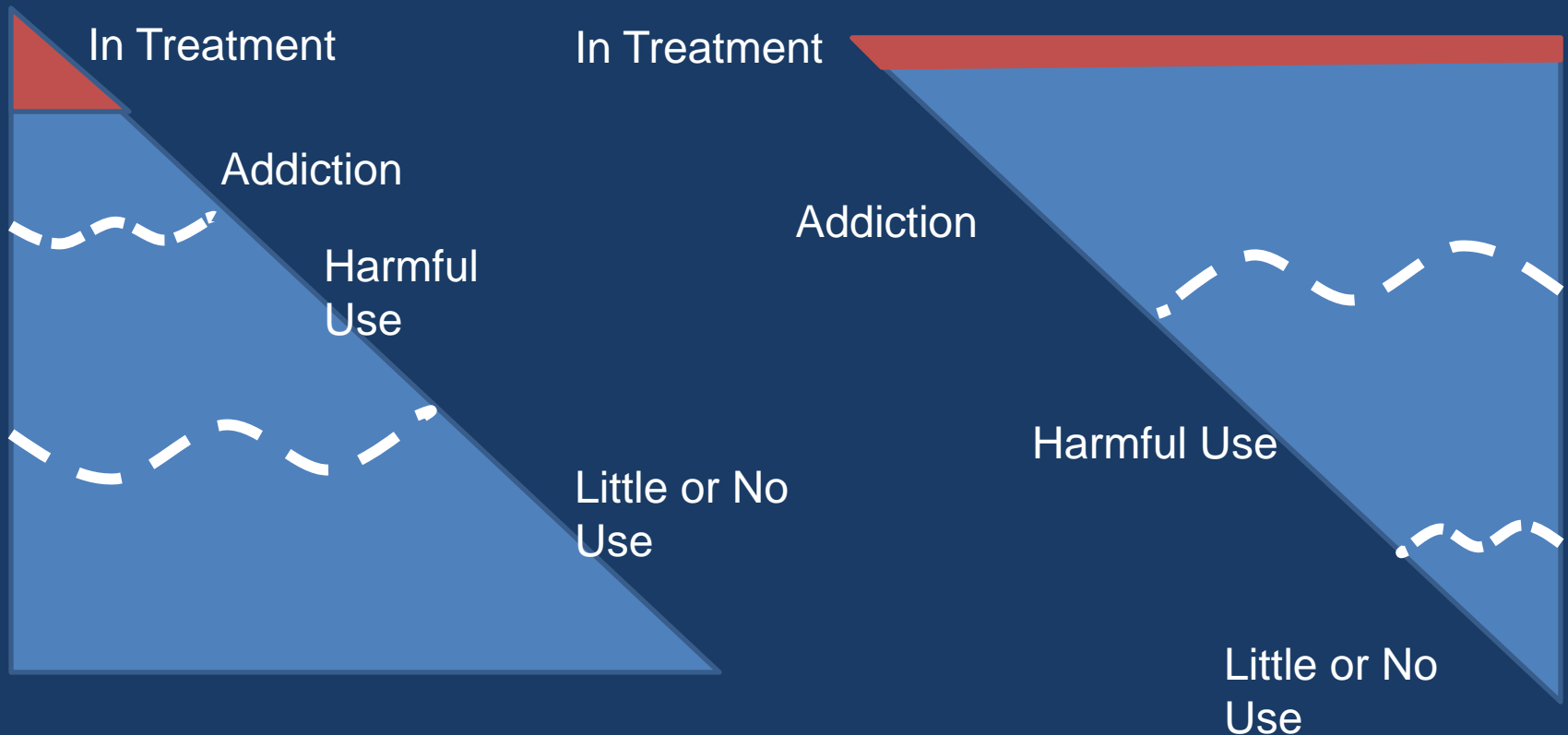
- Criminal justice populations include people who are addicted to drugs and/or alcohol
  - As well as people who abuse and misuse these substances
- More than 70% of jail inmates test positive for drugs
- 47.9% of state prison inmates and 43.7% of local jail inmates met criteria for substance dependence
  - This is over 7 times greater than in the general population

Sources: CASA, "Behind Bars II", February 2010;  
DOJ ADAM Report, Adams, Olson & Adams, 2002

# General Population vs. CJS

General Pop

Criminal Justice



# Other Chronic Conditions More Widespread Than in General Population

- Much higher rates of serious mental illness
  - 15% of men compared to 3.4% in the general population
  - 30% of women compared to 6.5% in the general population
  - Sources: Steadman & Osher 2009; SAMHSA NSDUH 2010.
- Higher rates of chronic medical conditions
  - Diabetes, Heart Disease, Asthma, Cancer, HIV
- About 10% have health insurance
  - *In the 40+ states that have not already expanded Medicaid to cover low income adults*
  - Medicaid/disability, All Kids, Family Care, Private Insurance, Veterans' benefits

# Proven models for effective treatment of offenders have been proven over the past 40 years

- Recognized by national experts:
  - NIDA, SAMHSA/CSAT & CMHS, BJA, NIC
- Treatment participation reduces subsequent criminal activity by 33%-70%, depending on the model (Mancuso & Felter, 2009, Olson 2008)
- Reach only a small proportion of people with untreated addiction and psychiatric disorders today
- Specialty courts reach approximately 1% of people under justice supervision

# Evidence-Based Practices (EBPs)

- Federal agencies articulate EBPs for service delivery to justice populations with SA/MH conditions:
  - NIDA – “Principles of Drug Abuse Treatment for Criminal Justice Populations”
  - SAMHSA – “Treatment Improvement Protocol 44: Substance Abuse Treatment for Adults in the Criminal Justice System (TIP 44)”
  - SAMHSA – National Registry of Evidence-based Programs and Practices (NREPP)
  - SAMHSA / GAINS Center – Six EBPs for mental health treatment in justice settings
  - OJP – Drug Court Guidelines
  - NIC – EBPs to reduce recidivism; NIC – Guidelines for implementing EBPs in policy and practice in community corrections

# **What Keeps Us From Using These Interventions Universally Today?**

# Lack of insurance...

- Most people in justice systems don't have health insurance
  - Only 10% of jail inmates
- State Medicaid rules may exclude most childless adults
- Those with Medicaid may get unnecessarily dropped while incarcerated
- Once released, little assistance reinstating benefits

# Insufficient/Inadequate Treatment...

- Demand for community-based treatment in most states exceeds availability
- Justice-based treatment programs rarely reach all individuals who are legal eligible (or legally entitled)
- Lack of resources to expand successful models

# How will National Health Reform Change Things?

# What is the Affordable Care Act?

Law enacted in March 2010 to:

- Expand access to under-served populations
- Improve outcomes
- Maximize efficiency of public health expenditures
- Survived Supreme Court Review (June 2012)

# What is the Affordable Care Act?

- We're focusing on one aspect:
  - Expansion of Medicaid for low-income adults regardless of disability (up to 133% FPL)
  - Access to subsidized insurance through Health Insurance Exchanges
- Creates broad access to insurance/care
  - Mental health and substance abuse services required
  - Opportunity to shift from programs to system-level interventions and create comprehensive linkages between criminal justice and community behavioral health

# How does the ACA create a sustainability path for ATCCs?

- ACA creates a new funding stream for substance abuse, mental health and medical services for low-income people
  - Federally reimbursed at 100% in first years, drops to 90% by 2019 and remains there
  - Will support treatment as well as assessment and case management by Medicaid-certified providers
- Business processes in CJS and health systems can be aligned for big wins
  - Examples: Brooklyn Drug Court, Tucson

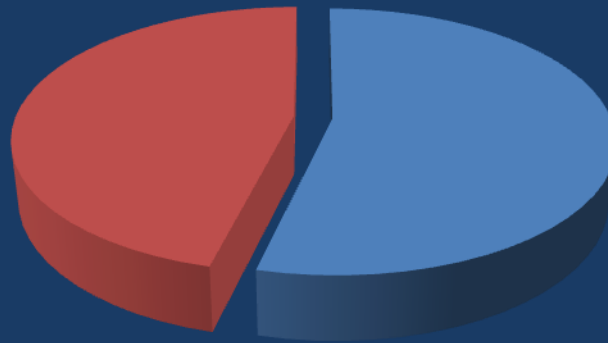
# State Implementation

Status	Examples	What happens in 2014?
States with comprehensive coverage for low-income adults	New York, Massachusetts, Hawaii, Arizona, Vermont, Maine, DC	<ul style="list-style-type: none"> <li>• Match increases to ACA FMAP</li> <li>• (100% through 2016, slides to 90% by 2019 and stays there)</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with recent early expansion (ACA)	Illinois, California	<ul style="list-style-type: none"> <li>• All eligible adults covered, beyond those enrolled early</li> <li>• Match increased to ACA FMAP</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with some coverage for low income adults	Pennsylvania, Michigan, Indiana	<ul style="list-style-type: none"> <li>• If the state adopts the Medicaid expansion, all eligible adults will be covered</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with no coverage for low income adults	Ohio, Texas	<ul style="list-style-type: none"> <li>• If the state adopts the Medicaid expansion, all eligible adults will be covered</li> <li>• Stronger provisions for MH/SA services</li> </ul>

# CJS Population Will Be A Large Part of the “Newly Eligible” in 2014+

## New Medicaid Enrollees in Illinois beginning in 2014

Justice  
Involvement  
300,000  
(approx.)



No Justice  
Involvement  
350,000  
(approx.)

Illinois is expecting 500,000 – 800,000 new Medicaid enrollees beginning in 2014

*Note: Chart reflects the median range of 650,000 total new enrollees*

### Justice involvement includes:

- People on bond, pretrial supervision and pretrial detention
- On Felony Probation
- Released From Prison

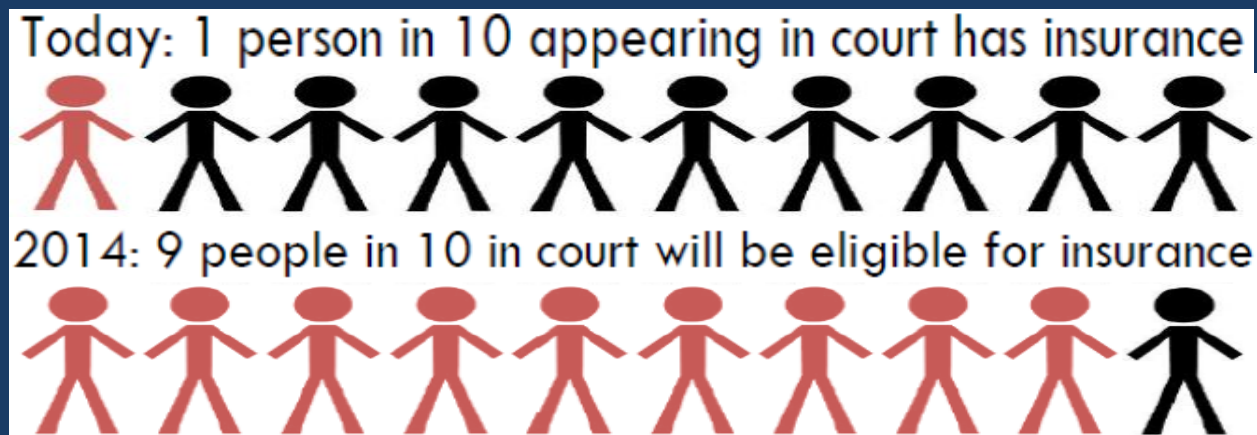
Sources: Illinois Criminal Justice Information Authority (2008); Illinois Supreme Court (2009); Illinois Department of Corrections (2009)

# The Promise of Health Care Reform

Won't solve all challenges, but...

➤ Unique opportunity for significant change on a broad scale

➤ Near universal coverage for low income adults



➤ Address gaps in services

➤ Eliminate long waiting lists

➤ Developing unified systems with single point of access to care – improve outcomes, increase competitive position

➤ Ending piecemeal approach to public funding

# Increased coverage reduces crime

Washington State moved funds from its corrections system to its substance abuse treatment system 10 years ago

What happened?

- They experienced 17-33% reduction in arrests among those who went to treatment
- This all happened with limited resources and attention from the criminal justice system

# Through the Lens of Specialty Courts/ATCCs

- Experienced in addressing behavioral health issues
- Established care networks
- Reduce rearrest
- Reach about 1% of people under supervision nationally
- Labor intensive model

# 1. Specific Opportunity: Courts/Probation

- Reduce probation violations and new arrests due to untreated substance use and psychiatric disorders
- Gain these results across all probationers, not just in smaller “demonstration” programs
- For specialty courts:
  - Better access to timely treatment
  - Opportunity to focus on high risk/high need probationers
  - Important leadership role for specialty courts in system planning

# What will be needed to gain these results?

- Timely enrollment in Medicaid/Insurance
- Universal screening early in the CJS process
- Matching to appropriate services
  - Substance Abuse: Outpatient, Intensive Outpatient, Residential & Medication-Assisted Treatment
  - Mental Health Services
  - Expanded capacity will be needed
- Infrastructure for referrals will be needed
- Universal reporting and sanctions process
  - Must avoid net widening

## 2. Specific Opportunity: Jails

- Reduce “frequent fliers” due to untreated substance use and psychiatric disorders
- Reduce jail health care expenditures related to chronic conditions
- Potential opportunity: Reduce incarceration through increased diversion to treatment with pre-trial/probation supervision

# What is needed to gain these results?

- Enrollment in Medicaid/Insurance during incarceration
- Universal screening
  - Substance use & psychiatric disorders, chronic medical conditions
- Matching to appropriate services
  - Substance abuse treatment
  - Mental health treatment
  - Community medical care for chronic conditions

# Coming Challenges

- Negotiating CJS-specific enrollment processes
- Expansion of SA/MH treatment capacity
- Significant expansion of Medicaid managed care in many states
- New criteria for treatment placement
  - “Medical Necessity”

# Coming Challenges

- “Medically necessary” in justice context:
  - Incarceration suppresses use
  - Substance dependence is chronic – symptoms may disappear temporarily – likely to reappear
  - Disconnect with how medical necessity is traditionally determined
  - Clinical treatment still necessary to manage illness and build recovery

# Avoid Net-widening

- “Net-widening” – expansion of intervention program actually leads to increased numbers in the justice system:
  - More technical violations
  - Lower risk offenders placed into more intensive supervision to ensure access to care
  - Medicaid may recommend less-intensive levels of care, judges may be reluctant and impose harsher sentences

# Challenges Coming in the Community-Based Treatment Systems

- State Medicaid authority – primary funder/rules
  - Medicaid managed care & CJS
- Essential services
  - Need sufficient duration & intensity
- Workforce
  - Teams: Licensed counselor + CADAC + recovery support specialist (FAVOR)
- Medicaid certification & billing
- Greater individualization of care plans

# Collaborative Planning Underway

## Objectives

- Develop workable strategies for Medicaid enrollment in jails, prisons and in probation (2014+)
- Develop recommendations for policies and practices in HCR implementation (health insurance exchanges, managed care purchasing, etc.) that will encourage people under CJS supervision to participate
- Develop model projects to test these strategies

# Roles for Stakeholders

- **Community Providers:** Expand treatment capacity
- **County Budget Officials:** Maximize diversion and re-entry initiatives
- **State Medicaid Directors:** Expedite enrollment from jails & prisons; develop favorable managed care policies
- **State Insurance Directors:** Reduce barriers to enrollment/coverage through exchanges; assure that arrest-related health care costs are reimbursable

# Judges & Probation Chiefs:

- Convene planning processes
- Partner with correctional and community / behavioral health care providers and funders to bring diversion and re-entry initiatives to scale
- Represent the concerns of public safety and behavioral health intervention from criminal justice perspective
- Advocate for treatment resources needed to reduce recidivism
  - Sufficient duration & intensity to create durable recovery

# Justice & Health Initiative

- Presiding Judge Paul P. Biebel, Jr. convened this planning process
- CJS stakeholders
  - Court, Probation, Jail, SAO, PD
- Health System stakeholders
  - CCHHS, Substance Abuse, Mental Health & Medical providers, Foundations
- Funded by Chicago Community Trust

# Goals

- Identify wins for CJS and health system
- Identify opportunities
  - Create “on ramps” to medical coverage & care
  - Build “off ramps” from CJS via diversion to treatment in the community
  - Examples:
    - Low level offenders diversion at bond court
    - People with addiction and SMI linkage to services

# Resources

## COCHS Conference Papers

[http://www.cochs.org/health\\_reform\\_conference\\_dc/papers](http://www.cochs.org/health_reform_conference_dc/papers)

## SAMHSA Presentation on HCR from the treatment provider/system perspective

<http://www.saasniatx.net/Presentation/2011/HCRforProviders-NIATX-July12011-RitaVandivort.pdf>

## Council for State Governments FAQ on HCR

<http://consensusproject.org/announcements/new-csg-justice-center-faq-on-health-reform-legislation>

# Contact Information

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